

Postgraduate training programs organized by Kuwait Institute for Medical Specialization: opinions of program directors

Short report

Medical Education Study Group

Aim

To obtain feedback from directors of training programs of Kuwait Institute for Medical Specialization (KIMS) with regard to their involvements and experiences in the postgraduate training programs in their respective specialties. It was anticipated that the data collected would help in addressing the issues of concern pertaining to postgraduate training and in making appropriate changes in the training programs, where needed.

Method

A self-administered questionnaire consisting of 20 statements with a Likert-type 5-point rating scale that had scale points ranging from 1=Low to 5=High was designed. Option was also available for indicating the opinion as *Not Applicable (NA)*. There was opportunity provided for making open suggestions or comments that would improve the implementation of the training program in the specialty.

The different aspects that were looked at could be categorized under the following sections:

- i. Trainees;
- ii. Trainers;
- iii. Curriculum;
- iv. Resources and incentives for training.

The questionnaire was emailed to the 16 program directors in the following specialties: Anesthesiology, General Dentistry, Diabetology, Dermatology, ENT and Head & Neck Surgery, Gastroenterology, Family Medicine, Internal Medicine, Laboratory Medicine, Nuclear Medicine, Obstetrics & Gynecology, Ophthalmology, Pediatrics, Radiology, Rheumatology and Surgery.

Program directors from whom the completed questionnaires were not received within one week were contacted by telephone. This improved the response rate, and completed questionnaires were therefore available for all the 16 training programs.

In analyzing the data, scale points 4 and 5 were summed as indicating a positive opinion while the summed up scale points 1 and 2 were taken as referring to a negative view suggesting that some form of remedial action was needed.

Results

I. Trainees

The methods used for selecting the trainees were rated as appropriate by nearly all (14/16) respondents, with two responding at midpoint in the scale.

The adequacy of remedial measures to deal with learning problems of trainees was rated as positive by two thirds of the respondents (11/16). While one respondent felt that these measures were inadequate, four respondents gave a midway opinion (at scale point 3).

Half of the respondents stated that the help provided to trainees for dealing with their social problems was satisfactory. The other half disagreed with this position, with two respondents indicating it as insufficient.

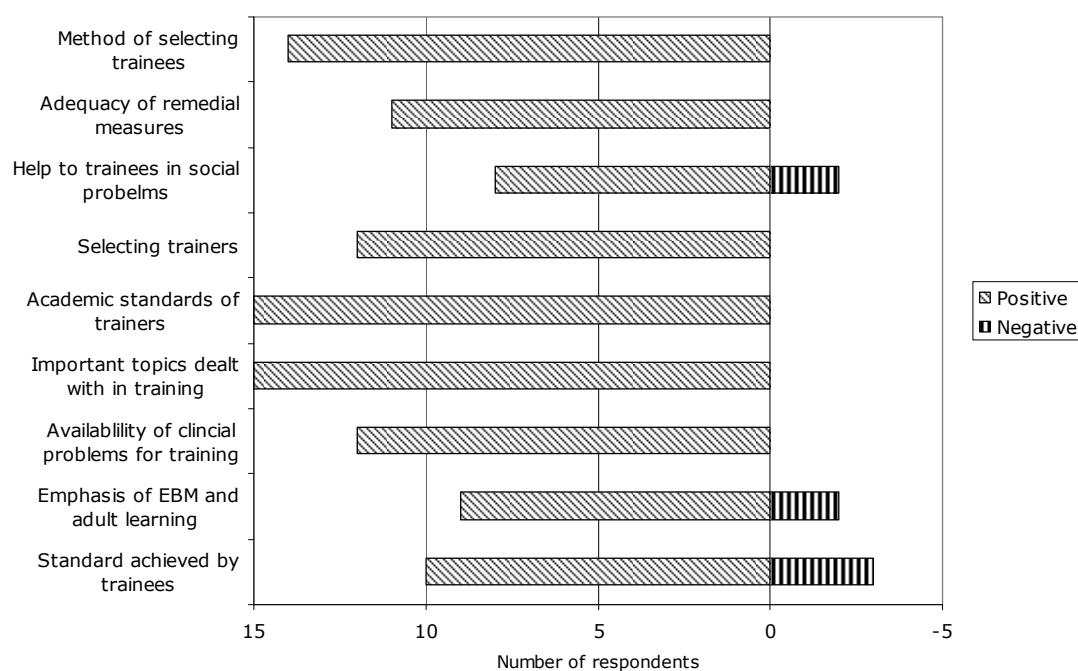
II. Trainers

The method that had been used for selecting trainers/tutors was judged as satisfactory by 12 respondents. Four respondents did not hold this view, and had indicated a midway opinion.

Nearly all respondents (15/16) stated that they felt that the academic standards possessed by the trainers/tutors were adequate for discharging their teaching duties. The majority of the respondents (13/16), in addition, felt that the trainers/tutors kept themselves up to date with knowledge and skills in the specialty. Three respondents did not hold this opinion, with their views falling at midpoint in the rating scale.

Medical Education Study Group, Kuwait Institute for Medical Specialization.

Correspondence: Medical Education Study Group, Kuwait Institute for Medical Specialization, P.O. Box 1793, Kuwait 13018. Tel: (965) 2410027 Ext. 107; Fax: (965) 2410028; email: cmecenter@kims.org.kw

Fig 1. Distribution of views on selected aspects of the training programs (Number of respondents giving negative opinion indicated with minus sign) (n = 16)

III. Curriculum

All the respondents felt that the overall objectives of the training program reflected the important topic areas in their own specialties. Nearly all (15/16) indicated that the duration of training was adequate to deal with the subject content that was expected to be covered, while a similar proportion felt that the relative importance of different topic areas in the specialty had been given due emphasis during training.

The range and the quantity of clinical problems available was judged as having matched the needs of clinical teaching by the majority (12/16) of respondents. While one respondent gave an opinion that was midway between the extremes of the scale, another indicated the statement as not being applicable to the specialty.

The areas of the concepts of evidence-based medicine and the adequacy of its emphasis during training elicited responses that were spread through the rating scale. While approximately half the respondents (9/16) held a positive view, a third (5/16) was at a point midway in the rating scale. Two respondents indicated views that suggested a situation that was less than desirable. The responses regarding the emphasis given to the principles and strategies of adult learning, too, showed an essentially similar pattern.

Nearly all the respondents (15/16) felt that the subject content that had been included in the assessments matched the advances in the specialties concerned.

While approximately two thirds of the respondents (10/16) stated that the standards achieved by trainees on completion of training matched their overall expectations, a minority (3/16) indicated that the standards were not up to expectations. The views of two of the respondents fell midway between the extremes of the rating scale.

IV. Incentives for Training

Approximately half the respondents (7/16) felt that the incentives offered in postgraduate training matched the level of the contribution made in teaching, with the rest not holding this position. While two respondents' views were midway in the rating scale, seven respondents had given their responses in categories that could be considered as negative.

V. Resources for Conducting Training Program

The majority (11/16) felt that the training centers were adequately equipped for training at postgraduate level to be conducted, while the views of five respondents could be considered as not positive.

Half the respondents stated that the overall level of support services such as secretarial and technical facilities available was satisfactory, with the other half of the respondents not indicating a similar view.

While approximately half the respondents (9/16) judged the availability of the recommended learning resources at the training center for use by the trainees as positive, four held a midway opinion and the other three felt that this aspect was inadequate.

A third of the respondents (10/16) felt that the trainees had computer facilities and easy access to the Internet during the training period. The other respondents did not hold this view, with a few (3/16) indicating that this aspect was not satisfactory enough.

While the majority (11/16) felt that the coordination of teaching duties and service functions at hospitals and training centers was satisfactory, a few (2/16) felt that this aspect was low.

VI. Suggestions and Comments

Suggestions that had been made were in the following main areas, with at least two or more respondents suggesting each: Improving the coordination/perception of training and service roles and cooperation from hospital administration, revision of incentives offered for conducting training, improving Internet and online learning resources and library resources, organizing teacher training for trainers, improving secretarial/physical resources, and updating the equipment. There was a single respondent for each of the following suggestions: appraisal and accreditation of trainers, use of portfolios by all residents, sponsored electives in other Gulf countries, annual conference leave to residents, emphasis of live clinical teaching on patients, selecting tutors based on a uniform procedure, periodic feedback on program and tutors, periodic testing of trainees before Final Examination, and emphasis of evidence-based medicine.

Discussion

The scheme of selecting trainees for enrolment in the programs was viewed as satisfactory by most program directors. The mentoring services and measures available for dealing with the social problems of the residents appear as areas of concern which need attention.

Although most of the program directors held the view that they were pleased with the scheme used in selecting the trainers, opportunities available to the trainers to keep themselves up to date and their involvement in relevant activities may need to be strengthened. While online learning facilities is a resource that could be used profitably in selected topic areas, workshops organized for small groups of participants would help in enhancing procedural skills.

The training programs in the different specialties, in general, have been rated positively. The program directors felt that the important topic areas in the concerned specialty were adequately dealt with during training.

Evidence-based medicine (EBM) and the principles and concepts of adult learning are two areas that do not appear to be receiving adequate emphasis. As these fields have a direct impact on the performance of the health professional in his or her service roles and optimum utilization of resources and in maintaining professional competence, appropriate remedial measures need to be taken to rectify the situation.

Conclusion and Recommendations

Improvement of Coordination between Hospital Administration and Residents

Cooperation from the hospital administration and understanding of the roles of the residents with respect to their learning activities and service roles could be promoted by conducting regular meetings between program directors, department heads in teaching hospitals and clinical teaching faculty on a frequent basis.

Additionally, the Specialty Councils need to be activated so that their roles are clearly understood by all concerned.

Incentives for Trainers

KIMS has already initiated several actions with the Civil Service Commission for improving the incentives provided to the trainers. This issue needs to be re-addressed by the higher officials of the Ministry of Health so that the relevant decisions could be implemented.

Internet and Online Facilities

KIMS offers a number of access points for Internet and computer use at the institute for

the benefit of the trainees and the trainers. Steps need to be taken to optimize the use of the available facilities. Additionally, the Ministry of Health and the hospital administration should look into improving these resources at training centers where they are found to be inadequate.

4. Improving Support Services

Improving the support services such as secretarial personnel and equipment needs to be addressed by the Administration Section of the Ministry of Health.

5. Library Facilities

The library facilities had been improved and updated considerably during the recent past. A network of resources, including computer-based facilities has been established between KIMS and the Faculty of Medicine, Kuwait University.

6. Teacher Training

KIMS plans to organize a series of faculty development activities for the benefit of trainers involved in postgraduate training. The first of these, tentatively scheduled for November 2008, will deal with important issues related to assessment of clinical competence.

7. Electives and Conference Leave

Provision is already available for residents to undertake electives in the other Gulf countries and to obtain annual conference leave. Training program directors and eligible residents need to make applications through the proper official channels for making use of the facility.

8. Annual Review

There should be annual review of the training programs to ensure that the recommendations proposed in this document are being implemented. Additionally, regular reviews of the training programs need to be conducted, preferably every two years, so that other areas that may need attention could be identified.

Members of Medical Education Study Group of Kuwait Institute for Medical Specialization:

Khaled F. Al-Jarallah
I.G. Premadasa
Ashish Mathews
Theresa Franco
Fathima Sharfudeen
Sondos Waleed Ezzat Nimer